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**FACSIMILE TRANSMISSION COVER SHEET**

**Date:** February 14, 2006

**To:** United States Patent and Trademark Office  
Examiner: Nadav, Ori; Art Unit: 2811

**Fax:** (571) 273-8300

**Re:** **Application Serial No.: 09/754,806**  
Filing Date: 1/2/2001; First-Named Inventor: Liu  
Attorney Docket No.: 00CON122P-DIV1

**From:** Farjami & Farjami LLP

**Number of pages including the cover sheet:** 26

**Message:**

Enclosed please find the Amendment and Response to Non-Final Office Action dated November 4, 2005.

Payment for First Month Extension Fee in the Amount of \$120.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 00CON122P-DIV1

### AMENDMENT COVER SHEET

IN RE APPLICATION OF: Liu, et al.

SERIAL NO.: 09/754,806 FILED: January 2, 2001

FOR: On-Chip Inductors

HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

|                                    | RATE<br>Non-Small Entity | RATE<br>Small-Entity | FEE       |
|------------------------------------|--------------------------|----------------------|-----------|
| FIRST MONTH AFTER TIME PERIOD SET  | 120.00                   | 60.00                | \$ 120.00 |
| SECOND MONTH AFTER TIME PERIOD SET | 450.00                   | 225.00               | \$        |
| THIRD MONTH AFTER TIME PERIOD SET  | 1,020.00                 | 510.00               | \$        |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,590.00                 | 795.00               | \$        |

☒ TOTAL EXTENSION FEE \$ 120.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

|  | Column 1                               | Column 2                         | Column 3                     |                             |                      |     |
|--|--|----------------------------------|------------------------------|-----------------------------|----------------------|-----|
|  | Number of<br>Claims after<br>Amendment | Number<br>Previously<br>Paid for | Number of<br>Extra<br>Claims | RATE<br>Non-Small<br>Entity | RATE<br>Small Entity | FEE |
| TOTAL CLAIMS                                   | 20                                     | MINUS **25                       | * = 0                        | x 50                        | x 25                 | \$  |
| INDEPENDENT                                    | 3                                      | MINUS ***3                       | * = 0                        | x 200                       | x 100                | \$  |
| First presentation of multiple dependent claim |  |                                  |                              | + 360                       | + 180                | \$  |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
 \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

-1-


00CXT0271T-DIV1

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Attorney Docket No.: 00CON122P-DIV1

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 120.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 2/14/06By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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2/14/06

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Christina Carter

Name of Person Performing Facsimile Transmission

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Michael Farjami, Esq.  
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Telephone: (949) 282-1000  
Facsimile: (949) 282-1002

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Attorney Docket No.: 00CON122P-DIV1

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